

WASHINGTON STATE SENATE

20

Session Employment Application

Name:				Telephone: ()
	(last)	(first)	(initial)		
Permanent address:	PO Box/Street		City	State	Zip
For messages contact:					
Address:				Telephone: ()
·	egislative sessions worked:		information, if applied Employer: Address:	cable.)	ent. (Attach resumé with additional
House:			Position:		From: To:
Jobs held:			Skills: (e.g., typing	speed, shorthand,	computer, if applicable):
Are you available for oth	ner work in addition to legisl	ative sessions?	Social Security Nur	mber:/	_/ Birthdate:

References:					
1(name)		(address)		()(telephone)	
2.		(444.000)		()	
(name)		(address)		(telephone)	
3(name)		(address)		()(telephone)	
	-		SITION APPLIED FO		
() Assistant Sergeant at Arms	() Committe	e Clerk	() Information	Officer () Security Officer	
() Attorney	() Copy Mad	hine Operator	() Legislative A	Assistant Other (specify):	
() Bill Clerk	() Custodian		() Page Super	rvisor	
() Cafeteria Staff	() Hot Line (Operator	() Research A	Analyst	
The Washington State Senate is tunity employer. Persons who not the application process or need that an alternative format should control of the Senate's office.	eed assistance in his application in act the Secretary	I understan	d that legislative	employees are exempt from state civil service	
Please return completed a and resumé (if appropr	law and the Merit System Rules, and that the Senate is an "at-will" employer and may terminate my employment at any time, with or without cause.				
Secretary of the Se P.O. Box 40482 Olympia, Washington 98: (360) 786-7550	504-0482				
1-800-635-9993 (T	(signature of applicant)				